

Reviewer [Signature]
Date 11/8/85

Form/Permit # 2426
Company Name KWR OIL PROP. MGT. INC.
Well (b) (9)
Locat [Redacted]

TECHNICAL REVIEW

Type Injection Well: (EOR/SWD/HC Storage) (New/Conversion) (Active/Inactive)

Injection: (Continuous/Cyclic)

Approximate # days operating/year _____
Rate (B/D): Average _____ Maximum 15
Wellhead pressure (psi): Average _____ Maximum 0
Fluid: TDS _____ Sp. Gr. 1.1 (EST) Analyses included: (yes)/no
Source (formation name) _____

Geologic Data (all references to depths are below land surface)

Base of Historical Usable Water: 100 ft (BASED ON WATER WELL DATA @ 1.5 MILES TO THE NORT)
Base of USDW and how determined: 161 ft (BASED ON WELL # GI-25 (SW/4)) ~ LOG
Injection Interval: Top 1485 ft.; Bottom 1515 ft.; Effective Thickness _____
Formation name BARTLESVILLE Lithology SAND
Porosity (%) _____ Initial Reservoir Pressure _____ Date _____
Permeability (md) _____
Confining Zones: Thickness between injection zone and USDW _____
Lithology _____
Cumulative shale _____: thickest shale zone _____ (interval)

Well Data: (all references to depths are below land surface)

Surface Elevation: 677 ft (KB/GL) Total (Depth/Plugged Back Depth) 1539 ft.
Date Drilled or to be drilled: 12/19/1910 Date converted: 4/27/68
Type logs available on (this well/offset well): (By reference/included) _____

Test data: (By reference/included) _____

| Construction: | Size (in) | Depth Interval | Sacks of Cement | Hole Size | Cement Interval | How Determined |
|-------------------|---------------|------------------|-----------------------------|-----------|-----------------|----------------|
| Surface Csg. | <u>10.75"</u> | <u>0-64 ft</u> | <u>0</u> | | | |
| Intermediate Csg. | <u>—</u> | <u>—</u> | <u>—</u> | | | |
| Long String Csg. | <u>10.63"</u> | <u>0-1242 ft</u> | <u>0</u> | | | |
| Liner | <u>5.5"</u> | | | | | |
| Tubing | | | | | | |
| | | | Packer type and depth _____ | | | |

AOR (1/4 mile radius)

Map submitted: (yes/no) _____ Tabulation of Wells Submitted: (yes/no) _____
Faults Located: (yes/no); (none Present/Distance from injection well _____)
Number of wells in AOR: _____
Total _____ (Abandon _____; Production _____; Injection _____)
Number of wells in zone of Endangering Influence: Total _____
Number of wells Requiring Corrective Action: Total _____ (list below)

| Well | Type Well | Problem | Corrective Action Required |
|-------|-----------|---------|----------------------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

Maximum Injection Pressure Calculation $P_m = (\text{Frac Gradient} - (0.433 \times \text{Sp.Gr.})) \text{ depth}$

$P_m = (0.75 - (0.433 \times \underline{1.1})) \times \underline{1485} = \underline{406} \text{ (psi)}$

Technical Review (Passed/Failed)

REPORTS A LINEAR BUT DOESN'T STATE WHETHER IT WAS EVER CEMENTED.